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Bib Data Sheet

CONFIRMATION NO. 3118

SERIAL NUMBER 09/047,320	FILING DATE 03/24/1998 RULE	CLASS 345	GROUP ART UNIT 2776	ATTORNEY DOCKET NO. 0100.01142	
APPLICANTS RAYMOND LI, MARKHAM, CANADA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CANADA	SHEETS DRAWING 4	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
ADDRESS Christopher J Reckamp Markison & Reckamp P C P O Box 06229 Wacker Drive Chicago ,IL 60606-0229					
TITLE METHOD AND APPARATUS OF VIDEO GRAPHIC AND AUDIO PROCESSING					
FILING FEE RECEIVED 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/047,320		FILING DATE 03/24/98	CLASS 345	GROUP ART UNIT 2773	ATTORNEY DOCKET NO. 0100.01142	
APPLICANT	RAYMOND LI, MARKHAM, CANADA.					
	CONTINUING DOMESTIC DATA*** VERIFIED _____					
	371 (NAT'L STAGE) DATA*** VERIFIED _____					
	FOREIGN APPLICATIONS*** VERIFIED _____					
ADDRESS	Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAY	SHEETS DRAWING 4	TOTAL CLAIMS 23
	Verified and Acknowledged		Examiner's Initials _____ Initials _____			INDEPENDENT CLAIMS 4
TITLE	MARKISON & RECKAMP POB 677 NORTHBROOK IL 60065					
	METHOD AND APPARATUS OF VIDEO GRAPHIC AND AUDIO					
FILING FEE RECEIVED \$938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		